

**CITY OF ALLENTOWN**  
**LEAD HAZARD REDUCTION APPLICATION**

**Owner-Occupied Property**

Applicant: \_\_\_\_\_ S.S. #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ S.S. #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_ # Unit \_\_\_\_\_ No. of Years Owned \_\_\_\_\_

Contact Number: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Race:** White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian & White \_\_\_\_\_  
Black/African American & White \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Other: \_\_\_\_\_

**Name and sources of income for everyone living in the household must be reported. (if they have no income, write zero)**  
**Wages, Alimony, Child Support, Cash Assistance, Rental Income, SSD, Social Security Retirement are considered**

Name	Age	Employer Name and Position/Pension Company	Yearly Income

**ASSETS**

Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets
3. Net Cash Value of Assets		3.	

4. Total Actual Income from Assets	4.
5. If line 3 is greater than \$5,000, multiply line by .06 %(Passbook Rate) and enter results or leave blank.	5.
MONTHLY HOUSING EXPENSES	
Mortgage Payment (Principal & Interest Only)	\$
Name of Homeowners Insurance Policy:	\$
Property Tax (City, County, School)	\$
Type of Heating:    ___ Oil    ___ Coal    ___ Gas    ___ Electric	\$
Water & Sewer	\$
TOTAL OF MONTHLY EXPENSES	\$

FINANCIAL CONDITION					
ASSETS		LIABILITIES			
		Name of Company	Type of Loan (Credit Cards, Personal Loan, Etc.)	Monthly Payment	Unpaid Balance
Cash (in banks)					
Stocks and Bonds					
E Value this Real Estate					
Automobiles owned					
Cash Value Life Insurance					
Other Assets			Alimony/Child Support		
Total Assets			Student Loan		
Minus Total Liabilities			Other Debts		
Net Worth	\$		Total Liabilities	\$	\$

DECLARATIONS (Answer yes or no to the following questions)					
	Applicant	Co-Applicant		Applicant	Co-Applicant
Are there any outstanding judgments against you?			Are you a U.S. Citizen?		
Have you been declared bankrupt within the last 7 years?			Are you a resident alien?		
Have you had property foreclosed on in the last 7 years?			Are you a non-resident alien?		
Are you a party to a lawsuit?			Green Card Number		
Are you a co-maker or endorser on a loan?					

## HOUSEHOLD AND INCOME VERIFICATION

Please select the number of people in your household under the Household Size column **and** the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

<u>Household Size</u>	<u>0-30% AMI</u>	<u>31-50% AMI</u>	<u>51-80% AMI</u>
___ 1 person	___ \$0 – \$16,450	___ \$16,451 – \$27,400	___ \$27,401 – \$43,800
___ 2 people	___ \$0 – \$18,800	___ \$18,801 – \$31,300	___ \$31,301 – \$50,050
___ 3 people	___ \$0 – \$21,150	___ \$21,151 – \$35,200	___ \$35,201 – \$56,300
___ 4 people	___ \$0 – \$23,450	___ \$23,451 – \$39,100	___ \$39,101 – \$62,550
___ 5 people	___ \$0 – \$25,350	___ \$25,351 – \$42,250	___ \$42,251 – \$67,600
___ 6 people	___ \$0 – \$27,250	___ \$27,251 – \$45,400	___ \$45,401 – \$72,600
___ 7 people	___ \$0 – \$29,100	___ \$29,101 – \$48,500	___ \$48,501 – \$77,600
___ 8 people	___ \$0 – \$31,000	___ \$31,001 – \$51,650	___ \$51,651 – \$82,600
___ 9 people	___ \$0 – \$32,800	___ \$32,801 – \$54,750	___ \$54,751 – \$87,600
___ 10 people	___ \$0 – \$34,700	___ \$34,701 – \$57,900	___ \$57,901 – \$92,600

Is a female the head of your household? Yes \_\_\_ No \_\_\_

Do you have a disability? Yes \_\_\_ No \_\_\_

I (we) certify the above to be a true and complete list of all my (our) income and obligations. I (we) hereby authorize the City of Allentown to investigate my (our) application.

**Warning:** The City of Allentown and HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**Authorized Official:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date